



**HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009**
OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan, Inc.

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code 95453 Employer's ID Number 38-2396958

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Dental Service Corporation []
Vision Service Corporation [] Other [] Health Maintenance Organization [X]
Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 12/03/1981 Commenced Business 02/05/1982

Statutory Home Office 829 Forest Hills Ave SE, Grand Rapids, MI 49546
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 829 Forest Hills Ave SE
(Street and Number) Grand Rapids, MI 49546 616-949-2410
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 829 Forest Hills Ave SE, Grand Rapids, MI 49546
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 829 Forest Hills Ave SE
(Street and Number) Grand Rapids, MI 49546 616-949-2410-122
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address gvhp.com

Statutory Statement Contact Pamela Lea Silva 616-949-2410-122
(Name) (Area Code) (Telephone Number) (Extension)
silvap@gvhp.com 616-949-9948
(E-mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>Roland E Palmer</u>	<u>President</u>	<u>Jack Heinen</u>	<u>Treasurer</u>
<u>Pamela L Silva</u>	<u>Vice President/COO</u>	<u>Thomas W Schouten</u>	<u>Secretary</u>

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>Roland E Palmer</u>	<u>Thomas W Schouten</u>	<u>James T Kerby</u>	<u>Lucille I Grimm</u>
<u>Robert Schirado</u>	<u>Pamela L Silva</u>	<u>Herbert A Start</u>	<u>Kenneth Gates</u>
<u>Virginia Smith</u>	<u>Hugh Jack</u>	<u>Kathy Lentz</u>	<u>Jack Heinen</u>

State of Michigan

ss

County of Kent

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Roland E Palmer
President

Thomas W Schouten
Secretary

Pamela L Silva
Vice President/COO

Subscribed and sworn to before me this
26 day of February, 2010

a. Is this an original filing? Yes [X] No []

b. If no,

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

Lorinda A. Lehner

9/8/2012

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0.0		.0.0		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers	139,144	.0.5	92,739	1,227.0		139,144
4. Total capitation payments	139,144	.0.5	92,739	1,227.0	0	139,144
Other Payments:						
5. Fee-for-service	665,666	2.4	XXX	XXX	665,666	
6. Contractual fee payments	13,376,711	48.2	XXX	XXX	13,376,711	
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries	13,576,493	48.9	XXX	XXX	13,576,493	
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments .....	.0	.0.0	XXX	XXX		
12. Total other payments	27,618,870	99.5	XXX	XXX	27,618,870	0
13. Total (Line 4 plus Line 12)	27,758,014	100 %	XXX	XXX	27,618,870	139,144

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	1,137,931		1,130,779		7,152	
2. Medical furniture, equipment and fixtures	1,539,010		1,537,016			1,994
3. Pharmaceuticals and surgical supplies	224,751					224,751
4. Durable medical equipment						
5. Other property and equipment	561,630		488,103			73,527
6. Total	3,463,322	0	3,155,898	0	7,152	300,272



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Grand Valley Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2009

NAIC Company Code 95453

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	8,330	81	6,723				1,526			
2. First Quarter	7,901	85	6,332				1,484			
3. Second Quarter	7,519	82	5,971				1,466			
4. Third Quarter	7,665	79	6,130				1,456			
5. Current Year	7,558	77	6,041				1,440			
6. Current Year Member Months	92,739	975	73,747				18,017			
Total Member Ambulatory Encounters for Year:										
7. Physician	28,426	335	22,261				5,830			
8. Non-Physician	9,222	99	7,288				1,835			
9. Total	37,648	434	29,549	0	0	0	7,665	0	0	0
10. Hospital Patient Days Incurred	1,255	30	894				331			
11. Number of Inpatient Admissions	356	10	253				93			
12. Health Premiums Written (b).....	28,500,973	293,441	21,548,666				6,658,866			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	27,949,552	293,441	20,997,245				6,658,866			
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	27,758,013	291,830	22,073,456				5,392,727			
18. Amount Incurred for Provision of Health Care Services	27,237,904	286,362	21,659,860				5,291,682			

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Grand Valley Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2009

NAIC Company Code 95453

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	8,330	81	6,723	0	0	0	1,526	0	0	0
2. First Quarter	7,901	85	6,332	0	0	0	1,484	0	0	0
3. Second Quarter	7,519	82	5,971	0	0	0	1,466	0	0	0
4. Third Quarter	7,665	79	6,130	0	0	0	1,456	0	0	0
5. Current Year	7,558	77	6,041	0	0	0	1,440	0	0	0
6. Current Year Member Months	92,739	975	73,747	0	0	0	18,017	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	28,426	335	22,261	0	0	0	5,830	0	0	0
8. Non-Physician	9,222	99	7,288	0	0	0	1,835	0	0	0
9. Total	37,648	434	29,549	0	0	0	7,665	0	0	0
10. Hospital Patient Days Incurred	1,255	30	894	0	0	0	331	0	0	0
11. Number of Inpatient Admissions	356	10	253	0	0	0	93	0	0	0
12. Health Premiums Written (b)	28,500,973	293,441	21,548,666	0	0	0	6,658,866	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	27,949,552	293,441	20,997,245	0	0	0	6,658,866	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	27,758,013	291,830	22,073,456	0	0	0	5,392,727	0	0	0
18. Amount Incurred for Provision of Health Care Services	27,237,904	286,362	21,659,860	0	0	0	5,291,682	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
0399999 Totals											

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Grand Valley Health Plan, Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5+6+7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols 9+10+11+12+13 But Not in Excess of Col. 8
NONE													
1199999 Total													

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Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums.....	546	515	428	484	486
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	494	585	100	318
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10).....	5,190,108		5,190,108
2. Accident and health premiums due and unpaid (Line 13).....	892,139		892,139
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	637,988		637,988
6. Total assets (Line 26)	6,720,235	0	6,720,235
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	2,584,219	0	2,584,219
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	269,116		269,116
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	1,264,749		1,264,749
13. Total liabilities (Line 22).....	4,118,084	0	4,118,084
14. Total capital and surplus (Line 31).....	2,602,151	XXX	2,602,151
15. Total liabilities, capital and surplus (Line 32)	6,720,235	0	6,720,235
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance.....	0		
19. Reinsurance recoverable on paid losses.....	0		
20. Other ceded reinsurance recoverables.....	0		
21. Total ceded reinsurance recoverables.....	0		
22. Premiums receivable.....	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
24. Unauthorized reinsurance.....	0		
25. Other ceded reinsurance payables/offsets.....	0		
26. Total ceded reinsurance payables/offsets.....	0		
27. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Grand Valley Health Plan, Inc.

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	38-3265342	Grand Valley Health Corporation					644,868				644,868	
	38-3247943	Grand Valley Health Management									0	
	38-3247950	Grand Valley Health Facilities					1,541,316				1,541,316	
95453	38-2396958	Grand Valley Health Plan					(3,138,048)				(3,138,048)	
	38-3668000	Grand Valley Technical Services					969,864				969,864	
	38-3440505	Grand Valley Surgical Center					(18,000)				(18,000)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

Responses

- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?YES.....
- 2. Will an actuarial opinion be filed by March 1?YES.....
- 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?YES.....
- 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?YES.....

APRIL FILING

- 5. Will Management's Discussion and Analysis be filed by April 1?YES.....
- 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?YES.....
- 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?YES.....

JUNE FILING

- 8. Will an audited financial report be filed by June 1?YES.....
- 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?NO.....
- 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?NO.....
- 12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?NO.....
- 13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?NO.....
- 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?NO.....

APRIL FILING

- 17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?NO.....
- 18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?NO.....
- 19. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?NO.....

EXPLANATION:

- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.

BAR CODE:

10.  9 5 4 5 3 2 0 0 9 3 6 0 5 9 0 0 0

11.  9 5 4 5 3 2 0 0 9 2 0 5 0 0 0 0 0

12.  9 5 4 5 3 2 0 0 9 2 0 7 0 0 0 0 0

13.  9 5 4 5 3 2 0 0 9 4 2 0 0 0 0 0 0

14.  9 5 4 5 3 2 0 0 9 3 7 1 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 15. 
9 5 4 5 3 2 0 0 9 3 7 0 0 0 0 0 0
- 16. 
9 5 4 5 3 2 0 0 9 3 6 5 0 0 0 0 0
- 17. 
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